



Bob Holden
Governor

Division of Professional Registration
Marilyn Taylor Williams, Director

Kelvin L. Simmons
Director

MISSOURI VETERINARY MEDICAL BOARD
3605 Missouri Boulevard
P.O. Box 633
Jefferson City, MO 65102-0633
573-751-0031
573-526-3856 FAX
800-835-2966 TTY
<http://www.pr.mo.gov>

Dana K. Hoelscher
Executive Director

MEMORANDUM

TO: COMPLAINANT

FROM: DANA K. HOELSCHER, EXECUTIVE DIRECTOR

SUBJECT: OFFICIAL COMPLAINT FORM

Enclosed is the Official Complaint Form which you requested. Please note that **it must be notarized**. The notary section at the bottom of the form must be completed so that it can be processed. If it is not, the form will be returned to you.

I will acknowledge receipt of the complaint and send copies to the veterinarian for a response. The board will review the information at the first meeting after all of the information is available. I will also notify you of the final disposition.

If you have any questions in the interim, please call our office.

INSTRUCTIONS

1. Provide the full name and address of the veterinarian against whom you are filing this complaint.
2. Type or Print. If printed, please use black ink. Attach copies of all bills, records, correspondence, contracts, patient records or other documents which would substantiate your complaint.
3. State the facts briefly and clearly and note specific violations of the law.
4. Provide the full names and addresses of all witnesses who can verify the facts alleged.
5. Sign and return this form to the address listed above. The form must be notarized.

NOTICE TO COMPLAINANT

Both the complaint and any information obtained as a result of the investigation thereof shall be considered a closed record and shall not be available for inspection by the general public. However, a copy of the complaint and any attachments thereto shall be provided to any licensee who is the subject of the complaint, at the discretion of the board, or to the licensee, or his legal counsel, upon written request to the Board.

YOUR NAME	TELEPHONE NUMBER
-----------	------------------

ADDRESS (STREET, P.O. BOX, CITY, STATE, ZIP CODE)

SUBJECT OF COMPLAINT

NAME	TELEPHONE NUMBER
------	------------------

ADDRESS (STREET, P.O. BOX, CITY, STATE, ZIP CODE)

DETAILS OF COMPLAINT

ATTACH ADDITIONAL SHEETS IF NECESSARY

CONSULTING VETERINARIAN and/or WITNESS

NAME	TELEPHONE NUMBER
------	------------------

ADDRESS

NAME	TELEPHONE NUMBER
------	------------------

ADDRESS

I hereby affirm under penalties of perjury that the foregoing information which I have supplied is true and accurate to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT	DATE
--------------------------	------

NOTARY PUBLIC EMBOSSER OR BLACK RUBBER STAMP SEAL	STATE		COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS		
	DAY OF	YEAR	USE RUBBER STAMP IN CLEAR AREA BELOW.
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)			